



The
Adventure
Centre

STUDENT MEDICAL FORM

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Parent(s) Name(s) _____
Parent Phone: Daytime _____ Nighttime _____
Date of Birth _____ Sex _____ Height _____ Weight _____

THE FOLLOWING INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Please list two people (relatives or friends) who should be contacted in case your parents cannot be reached in an emergency.

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

GENERAL HEALTH AND MEDICAL REVIEW

- Known allergies: Bee stings, foods, drugs, plant, insects or other. **IF YOU REQUIRE MEDICATION YOU MUST BRING IT WITH YOU (e.g Epi-Pen, inhaler, etc.)** _____
Please indicate severity, frequency, triggers, worst case scenario, medication effectiveness (if used) or anything else we would need to know regarding allergic reactions: _____

- Please describe any operations, chronic illness, or any injury (recent or in the past) that could effect your physical performance today: Please indicate severity, worst case scenario, medication effectiveness (if used) or anything else we need to know: _____

- Do you have, or do you have a history of any of the following? (check if yes) bone/joint problems _____
Chest pains with physical activity _____ asthma/respiration problems _____ restlessness or sleepwalking _____ heart problems _____ high blood pressure _____ frequent headaches _____ stroke _____ diabetes _____ convulsions _____ stomach upsets _____ fainting _____ smoking _____ pregnancy _____ other _____
If you checked any, please give details: _____

- If currently taking medication(s) for the above, please identify the medication(s), reason for use and any physical or mental side effects: Medication: _____ Side effects: _____
Medication: _____ Side effects: _____
Medication: _____ Side effects: _____
BRING MEDICATION(S) WITH YOU
- Please indicate any specific information which may affect participation and/or for which special consideration should be given: _____

- Please describe your current level of physical activity: _____

PARTICIPANT AGREEMENT/ACKNOWLEDGEMENT AND RELEASE FORM

Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must also be signed by either a parent or legal guardian. All reference to "participant" deemed to include the parent or legal guardian of any participant who is a minor.

The Adventure Centre at Pretty Lake (ACPL) Programs may include initiative courses, new games, ropes courses, climbing towers, rock climbing, caving, backpacking, being in an ACPL vehicle, using safety equipment, hiking and camping in a primitive outdoor setting. Its purposes to provide participants from elementary school through adulthood safe, challenging, outdoor experiential activities requiring problem solving, decision making, self and group awareness, trust, cooperation, care and consideration for others. The activities will be discussed in light of the Program objectives that have been predetermined by our contact person, and group leaders at your organization. The Program is not recreational.

Participant is aware in signing this form that certain elements of the Program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. Participant understands that certain risks, dangers and injuries including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings, may exist in the Program's activities. Participant also agrees it is impossible for ACPL to guarantee absolute safety.

Participant understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this Program, and agrees that neither ACPL, its directors, employees nor other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to participant, in the absence of gross negligence imputable the ACPL. Participant further agrees to release, indemnify and hold ACPL, its directors, officers, staff and agents harmless from or for any claims, causes of action, liabilities or damages that may arise as a result of or in connection with his/her participation in the Program.

Participant expressly agrees to obey all of the Program safety regulations and direction by the Program's leaders. Participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

Participant has read and understands the above form and understands the above Participant Agreement/Acknowledgement and Release. Participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

WITH MY PARENT(S) I have completed the Health and Medical History and will assume the responsibility for restricting any activities agreed upon and listed above. I assume full responsibility for my health and I certify that I am free of or will notify my instructor of any medical, physical or emotional conditions which might create undue risk for myself or others. I will exercise good judgment in regard to my own health, safety and well-being, while participating in the Program. If for any reason I question my ability to participate in the activity, I will tell my instructor prior to participation.

Please dress according to the weather forecast for the entire day, keeping in mind temperatures, precipitation, sun, etc.

Student signature: _____

Date _____

PARENT/LEGAL GUARDIAN: I certify that the Health and Medical History on my child is complete and accurate. I fully understand the occasional vigorous nature of outdoor activities. I also understand that I will be notified as soon as possible in case of an emergency. I give my consent for emergency medical treatment and hereby authorize at my expense the calling of medical personnel to provide whatever emergency medical or surgical treatment necessary.

Parent signature: _____

Date _____

Name of Insurance Company: _____

ACPL may use photographs or video of students and adults participating in the Program for the purpose of marketing and describing ACPL programming. Participant agrees to the use of his/her photo taken during Program in ACPL publications and tools such as: brochures, flyers, informational videos, web site, annual reports and other marketing materials.

Student signature: _____

Date _____

Parent signature: _____

Date _____

From time to time, we mail out information about Adventure Centre programming, needs and developments. Please let us know if you do not wish to receive this information.